



**DEPARTMENT OF THE NAVY**  
NAVY PERSONNEL COMMAND  
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MILLINGTON TN 38055-0000

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8 Oct 16

MEMORANDUM

From: Director, Corrections and Program Office (PERS-00D)  
To: Distribution

Subj: NAVY CORRECTIONS SEX OFFENDER PROGRAM AND ASSOCIATED  
CONTACT GUIDELINES

Ref: (a) Association for the Treatment of Sexual Abusers (ATSA) Practice Guidelines  
(b) Phase II Program Development Description of Changes by Central Coast Clinical and Forensic Psychological Services, Inc.  
(c) ACA Standards 4-4115, 4-4397 and 4-4415  
(d) NPC ltr 1640 Ser 68B/096 of 24 May 06  
(e) NCBM SOP 819 of 30 Aug 14  
(f) NCBM ltr 6000 00 of 5 May 14 (Authorization for Space Heaters in the Sex Offender Treatment Program Lab)  
(g) NCBM SOP 618

Encl: (1) Policy Concerning Contact Between Minors and Prisoners Convicted of Offenses that have a Sexual Component Involving a Minor Under the Age of 18  
(2) Consent for Sexual Offender Treatment  
(3) Program Agreement  
(4) Consent for Psychological/Sexual Interest Evaluation  
(5) Statement of Informed Consent for Psycho-Physiological Evaluation  
(6) Standards for Polygraph  
(7) Qualifications of Polygraph Examiners  
(8) Release and Consent to Polygraph Examination in Order to Assist Treatment  
(9) Classroom Expectations and Consent for Sex Offense Education Class  
(10) Qualifications of Sex Offender Education Instructors

1. Purpose. To identify guidelines and procedures for administering the Navy Corrections Sex Offender Program and provide guidance on procedures for sex offenders requesting contact with a minor, consistent with applicable provisions of references (a) through (g).

2. Applicability. Clinical Services Department staff and staff working under the supervision of the Clinical Services staff in the provision of services to sex offenders.

3. Program Scope

a. Navy Corrections Sex Offender Program consists of a mandatory educational course and three treatment phases. The education course, Sex Offense Education (SOED), provides

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education regarding treatment and sex offense specific issues. The Sex Offender Treatment Program (SOTP) consists of three phases: Phase I, SOTP Action (Standard or Non-Standard Track); Phase II, SOTP Maintenance group; and Phase III, Release Preparation. Components of the program are also comprised of enclosures (1) through (10).

b. For the purpose of this guidance letter, the term "prisoner" refers only to post-trial prisoners. Pre-trial prisoners are ineligible to participate in the Sex Offender Program.

4. Guidelines and Guidance

a. Navy Corrections Sex Offender Program provides cognitive-behavioral based treatment through a Risk-Need-Responsivity (RNR) model to sex offenders consistent with and functioning per national professional standards governing treatment services prescribed by reference (a). Program guidelines and guidance, including treatment components and eligibility, are based on program development and recommendations provided by Central Coast Clinical and Forensic Psychological Services, Inc., reference (b), and are intended to be implemented in their entirety. Deviations from program guidelines may lead to failure to provide effective and evidenced-based practices, ultimately jeopardizing the ability of the program to reduce sexual recidivism. Only prisoners convicted of or having a history of crimes that have a sexual component are eligible to participate in this program. Participation in the SOTP occurs only with the informed consent of the prisoner and on a strictly voluntary basis. Prisoners may refuse treatment in writing; 4-4397 of reference (c) refers. All prisoners with a conviction for a crime with a sexual component involving a minor will review and sign the guidelines for contact with minor children. Professional treatment staff will receive initial and on-going training in the provision of the specialized treatment of sex offenders, will rigorously adhere to professional ethical standards, and are strongly encouraged to maintain clinical or associate membership in professional associations related to their scope of practice and professional training. The Director of the SOTP is required to meet all clinical criteria of a member of the Association for the Treatment of Sexual Abusers (ATSA), whether or not they are active members of the organization, and implement its standards in the sex offender program.

b. Individuals convicted of an offense that has a sexual component involving an actual or perceived minor under the age of 18 are restricted from having direct or indirect contact with minors that are not family members of the offender. Direct or indirect contact with family members who are minors under the age of 18 may be considered in circumstances outlined in enclosure (1).

c. SOTP Entry Criteria. To enter into the SOTP a prisoner must have sufficient confinement time remaining to complete the program, admit some responsibility for the confining offenses, be recommended for treatment through the SOTP Initial Screening, and be willing to discuss his/her sexual behavior in detail. If it is determined through the SOTP Initial Screening that the individual is low risk for sexual recidivism, the individual will not be referred to the SOTP. Individuals determined to be at low risk for sexual recidivism will be referred to SOED which is the optimal level of offense-related programming for these individuals. They

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may also be referred to other clinical services as needed. If an individual is determined to be greater than low risk through the SOTP Initial Screening and he/she meets the above criteria for treatment, he/she will be recommended for SOTP (either the Standard or Non-Standard Track). If SOTP is recommended, the individual shall be apprised of the program components and informed of the expectations and behavioral guidelines of the program. Prior to acceptance in the program, the prisoner must provide voluntary and informed consent to participate and agree to follow program guidelines specified in the SOTP program agreement.

d. SOTP Sentence Length Criteria

(1) The SOTP is an 18 month extensive program administered at the Naval Consolidated Brig (NAVCONBRIG) Miramar.

(2) Remaining confinement time takes into consideration the combined pre-trial credit, transfer time, good time abatement, earned time abatement, general orientation, and up to three months wait time for sex offender program entry, assessments and treatment. 31 months of post-trial adjusted sentence is required to have sufficient time to complete the SOTP. For adjusted sentences of less than 31 months, prisoners must volunteer to have abatement held in abeyance to enroll in the SOTP. Prisoners arriving with 20 months or less to serve, or those between 21 and 31 months who do not wish to voluntarily forfeit their abatement time (upon arrival or at sentencing) will not be enrolled in the SOTP. They will, however, be provided guidance on arranging a community-based treatment plan before release. These prisoners may also voluntarily address other problem areas while in confinement through substance abuse, violent offender treatment, stress management, and other related programs. Addressing these problems will prepare them for a transition into civilian society and, upon release, to enter sexual offender treatment in their community of release.

5. Procedures

a. SOTP Initial Screening. A Clinical Services staff member will screen newly-arrived prisoners who are convicted of offenses that are sexual in nature to determine whether each eligible prisoner is recommended for SOTP and if the prisoner has enough time remaining on his sentence to be eligible for treatment. Screenings will consist primarily of file reviews to gather data relevant to determining potentially eligible prisoners' risk of sexual recidivism. Prisoners may meet with clinical staff in cases where additional information is necessary in order to make these determinations. Determinations will take into account relevant file actuarial information:

(1) Static-99R Coding Form; and

(2) Child Pornography Offender Risk Tool (CPORT).

b. All prisoners who are screened for SOTP will be informed of the results of their screenings by a Clinical Services staff member. Prisoners determined to be low risk for sexual

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recidivism and not in need of SOTP will be recommended to attend SOED only; they will not be referred to SOTP. Prisoners who present above a low risk for sexual recidivism will be recommended to attend SOTP after completion of SOED. Prisoners recommended for the SOTP will meet with Clinical Services staff to express concerns and ask questions regarding program services and policies. The prisoners will be informed of the limits of confidentiality during initial contact.

c. SOED Class

(1) Eligibility and purpose. All prisoners convicted of or having a history of offenses with sexual components shall be recommended to attend the mandatory nine to ten-week SOED Course. The purpose of SOED is to introduce prisoners who have been convicted of a crime with a sexual component to the SOTP, motivate them to participate in the program during confinement (if eligible) or upon release (if unable to attend due to sentence length), and provide them information regarding how their status as an offender convicted of a crime with a sexual component may affect them upon release. The program consists of educational seminars on the dynamics and patterns of sexual offending and the impact of sexual perpetration on society and victims. SOED is available at all NAVCONBRIGs.

(2) Participation requirements. The SOED Course is an educational seminar and requires no personal disclosures by the prisoner or admission of responsibility for the sexual offenses. The prisoner is responsible for remaining alert and attentive during lectures and multi-media presentations and encouraged to ask questions and participate in classroom discussion. This course is mandated by the NAVCONBRIG Commanding Officer (CO) and refusal to attend shall result in referral for disciplinary measures and loss of incentives as a result of being in non-compliance with their program plan. Staff will inform prisoners verbally and in writing of this mandate.

(3) Information before enrolling. Prior to completion of SOED prisoners will be given an overview of the SOTP, will be informed of the criteria for entry into the program, and briefed again on the limits of confidentiality and privacy. Eligible prisoners are then asked to participate or decline participation in the SOTP.

(4) Limitations. SOED will likely be the only offense-related, structured intervention for prisoners who have less than 21 months left in confinement including abatement credit, for prisoners who refuse to participate in other clinical programs, and/or for prisoners who persist in denying guilt or responsibility for convicted sexual offenses.

(5) Instructor Training Proficiencies. SOED covers multiple areas of sex offender related issues including treatment and non-treatment related topics. As such, minimum training proficiencies for the SOED primary instructor and general knowledge-base of the guest speakers have been provided; enclosure (10) refers. In such cases that the primary SOED instructor does not meet minimum training proficiencies, a supervising clinician who does meet the minimum training proficiency requirements and has at least 20 hours of verifiable training in these areas

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must be available to provide guidance to the instructor. Training may be provided on site or through off-site professional trainings, but must address all areas noted in enclosure (10).

d. SOTP Phase I: Action (Standard or Non-Standard) Track

(1) The SOTP is a comprehensive, cognitive-behavioral treatment program for convicted sexual offenders and uses a RNR model. Phase I, the most intensive part of the SOTP, consists of two separate tracks.

(2) Entry criteria

(a) 21 months of actual confinement time, including abatement credit through scheduled release remaining at time of program entry. Reasonable accommodation, per the SOTP Director, will be made for prisoners with release dates less than 21 months. Per reference (d), requests to voluntarily hold earned time and/or good conduct time in abeyance in order to enroll in the SOTP will be processed through the prisoner, his/her counsel, the SOTP Director, the Parole and Release Department Head, the CO, and the Navy Corrections and Programs Office (PERS-00D).

(b) Satisfactory completion of SOED (unless delay in completion is authorized by SOTP Director).

(c) Full or partial admission of responsibility for the convicted sex offenses.

(d) Recommendation for SOTP based on SOTP Initial Screening.

(e) Agreement to discuss and disclose details regarding the offenses and offense-related behavior. Prior to consideration of entry into the SOTP prisoners must give their informed consent to participate in the evaluation and treatment processes of the program and sign a treatment contract that outlines the expectations and consequences of failure to comply with the program guidelines; enclosures (2) through (5) and reference (c), 4-4397, refers.

(3) Refusals. Prisoners who refuse participation or drop out of any phase of the recommended SOTP will be seen by Clinical Services staff on an "as-needed" basis for general mental health assessment and counseling. The brig shall not offer an "individual-based" SOTP, except as required to meet special needs prisoners who require a modification (e.g., a prisoner who is not appropriate for a group setting or a female in SOTP). If sexual offenders do not elect to participate in the SOTP, their only contact with program staff may be SOED and any contacts related to Review Board reports. Prisoner incentive levels will be limited to Level I for eligible prisoners recommended for SOTP but not participating; reference (g) refers. Refusal may result in transfer to another confinement facility depending on sentence length remaining, convictions, and other factors.

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(4) Track Assignment. Prisoners meeting entry criteria for the SOTP will be assigned to either the Standard or the Non-Standard Track of Phase I. Prisoners shall be assigned to the Standard Track if they have been convicted of offenses considered to be "prototypical contact sexual offenses" (such as sexual assault of an adult or the sexual assault or molestation of a child). Where there is clear evidence that a contact offense took place, but plea-bargaining reduced a prisoner's confining offense to a non-contact conviction, the prisoner may, at the SOTP Director's discretion, be assigned to the Standard Track. Prisoners shall be assigned to the Non-Standard Track if they have been convicted of committing exclusively non-contact sexual offenses (such as indecent exposure, obscene telephone calls, possession of illegal pornography, or internet offenses such as downloading or distributing illegal pornography). Prisoners who solicited a child for sexual purposes over the internet, but who did not actually attempt to meet with the child, should also be assigned to the Non-Standard Track, whereas those who solicited contact and attempted to make contact (even if the contact was aborted or thwarted) will be referred to the Standard Track.

(5) Initial Meetings. The SOTP Director will meet with prisoners eligible for the SOTP and discuss the potential risks and benefits of treatment and limits of confidentiality. An explanation of treatment recommendations and track assignment will also be provided to the prisoner. If assigned to the Non-Standard Track the prisoner will be informed of the potential to be re-assigned to the Standard Track at a future point in treatment if, after more information is acquired, they are deemed more appropriate for participation in the Standard Track. If the prisoner volunteers for the SOTP, he or she will complete the intake paperwork; see enclosure (2).

(6) The SOTP Director will then set up an initial meeting for the prisoner with the group leaders and SOTP individual therapist. The group leaders/individual therapists will discuss group expectations and address the prisoner's concerns prior to entering group. The prisoner will be informed as to when he or she will begin attending group and monthly individual sessions.

(7) SOTP Group Therapy Content. The SOTP therapy content consists of three hours of structured group therapy per week, one-hour psycho-educational seminars per month, large-group meetings to discuss programmatic issues monthly, and a monthly one-hour individual session. Group and individual therapy sessions will focus on the identification and mitigation of dynamic risk factors associated with sexual recidivism. Additionally, SOTP group members may be assigned to the following programs or modules as needed:

- (a) Dialectical Behavior Therapy (DBT) or Trauma Treatment Services;
- (b) SOTP Internet Sexual Behavior Module;
- (c) Arousal Reconditioning Treatment;
- (d) Substance Abuse Treatment;

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(e) Mindfulness Lab; and

(f) SOTP Homework Lab.

(8) Penile Plethysmograph (PPG) and Polygraph Examinations. Within the first six months of entry into treatment male prisoners will receive a plethysmography assessment and both male and female prisoners receive polygraph examinations.

(a) Plethysmography

1. The plethysmography assessment includes the measurement of sexual arousal using specially designed electronic and computer equipment to assess arousal while viewing slides/videos of nude, partially clothed, and clothed male and female adults, as well as partially clothed and clothed minors representing various age groups and/or listening to audiotapes of explicit sexual situations. Data from the plethysmography assessment shall only be used for the purpose of treatment; assessment and stimuli procedures shall be administered per established professional guidelines.

2. Plethysmography used for sex research and/or for the assessment and treatment of sex offenders is classified by the Medical Device Act, enacted by Congress in 1976, as a medical/prescription device. Such labeling limits the use of plethysmography to "licensed professionals," the definition of which is determined by the legislature of each state. The use of plethysmography as a prescription device within NAVCONBRIG Miramar is per respective California state laws.

3. Disinfectant procedures for the plethysmography lab equipment will be followed according to manufacturers' instructions and disposal of disinfectant chemicals will be per established regulations for the disposal of hazardous materials/chemicals.

4. The room used for plethysmography will be maintained as close as possible to 78°F during the testing, as this is the best temperature for optimal response. To maintain optimal room temperature, two space heaters for the SOTP laboratory are authorized per reference (f). The space heaters must remain in the SOTP lab at all times (not for use in other spaces) and be labeled to indicate such. The heaters will have a thermostat, a tip-over switch, be U/L approved, kept at least three feet from any combustible material, and never left in a powered status unattended.

(b) Polygraph Examinations

1. The ATSA 2014 Practice Guidelines, reference (a), notes that in regard to treatment, the polygraph can have utility in facilitating disclosure about sexual history, offense-specific behaviors, and/or compliance with treatment and other expectations. Polygraphs in the SOTP will be used to facilitate these treatment relevant areas. Polygraph examiners will meet

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standards listed in enclosure (6), Standards for Polygraph, and enclosure (7), Qualifications of Polygraph Examiners.

2. The SOTP utilizes the polygraph for disclosure examinations and maintenance examinations specific to compliance with treatment recommendations. Within six months of entry into the program, prisoners will participate in a disclosure polygraph examination and/or sexual thoughts and fantasies (STF) polygraph examination. Prisoners are provided specific guidance at the outset of treatment related to the treatment requirement to write a complete sexual history. The polygraph examination will assess if the offender purposely withheld or minimized information on this sexual history or other information related to their current sexual fantasies and behaviors. The polygraph examination may be videotaped or audio taped to hold the offender accountable for comments made to the examiner throughout the exam process and to provide a quality assurance check of the examiner and the examination process. Prior to the exam, the offender will sign consent form, which will orient him or her to the potential risks and benefits of the examination process; see enclosure (8), Release and Consent to Polygraph Exam.

3. Deception during the polygraph. Deceptive results on specific exam questions reflect areas of the offender's life that need further investigation by the treatment providers. Deception during the polygraph examination will result in probationary status and is considered minimally satisfactory progress; see enclosure (6) for Standards for Polygraph.

4. Supervisory polygraphs may be conducted on a case by-case basis.

(9) Evaluation Process. Prisoners who volunteer for the SOTP will participate in an assessment process that may include an interview, completion of questionnaires, paper-and-pencil assessments, and computer tests. Evaluation will be conducted once a prisoner has been actively participating in treatment and at the conclusion of Phase I (Treatment Progress Assessment).

(a) Needs for Treatment Assessment (NFTA). After completion of the PPG and disclosure polygraph and/or sexual thought and fantasies polygraph (which will typically occur in the first six months of treatment) prisoners in the SOTP will receive a NFTA. The NFTA will entail the use of information obtained from treatment, as well as a variety of other sources (listed below). The information from these sources will be utilized to provide individualized treatment targets to the prisoner and will guide decisions regarding his or her future assignments and treatment course. This may include, but is not limited to, the programs and modules listed in the SOTP Group Therapy Content.

(b) Treatment Progress Assessment. At the completion of Phase I, a detailed report of the prisoner's progress in treatment will be written. This report, called the Treatment Progress Assessment (TPA), will include a review of the prisoner's initial level of risk, treatment targets, response to treatment, and the current level of risk. The TPA will take into account information provided in the NFTA, as well as the current level of risk from the Stable-2007 Assessment.



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(c) Evaluation Materials. The prisoner's NFTA will be based on the following:

1. Interview -- individuals will meet with clinical staff to assist in the evaluation process for the NFTA;

2. Multi-dimensional Inventory of Development, Sex, and Aggression (MIDSA) or Multi-phasic Sex Inventory (MSI), as needed;

3. STABLE-2007;

4. ACUTE-2007;

5. Polygraph results;

6. PPG results;

7. Initial Screening; and

8. Additional tests may be administered based on individual assessment needs, as determined by SOTP staff.

(d) Follow-Up. Following completion of the NFTA, the SOTP staff will discuss the evaluation results with the prisoner. Within the context of this follow-up meeting, SOTP staff will provide feedback on the assessment results and collaborate with the prisoner in developing additional treatment plans and goals. Following the TPA, the prisoner will again meet with a Clinical Services staff member to receive feedback on the assessment results and to consider what areas he should continue to focus on in his treatment. These meetings will replace the individual session for the month.

(10) Assignments. Written assignments and homework are considered integral parts of the program. In addition to maintaining a journal focused on offense-related issues, participants will submit a variety of written assignments, which may include, but are not limited to: autobiographies, sexual arousal logs, descriptions of behavioral and cognitive cycles, relapse prevention logs, and other specific assignments designed to meet the individualized needs of the participants. They will also maintain a Resource Folder to be taken with the prisoner when he leaves this facility.

(11) Case Conferences. Individual case conferences will be held at various intervals of treatment. The purpose of the case conference is to exchange feedback with the prisoner regarding his participation and progress in the program, to aide in treatment planning, to resolve difficulties or concerns, and to set short-term and long-term individualized goals for the prisoner. Treatment staff and the prisoner attend the case conferences. The prisoner is informed in advance of the scheduled case conference.

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(12) Documentation. Documentation related to the prisoner's participation including questionnaires, paper-and-pencil tests, computer tests, progress notes, NFTA, TPA, case conference notes, written assignments, copies of parole and clemency evaluations, and progress summaries will be maintained in the individual's clinical files. The questionnaires, paper-and-pencil tests, and homework may be filed separately due to their volume. The original copies of parole and clemency evaluations will be maintained in the prisoner's central file.

(13) Psychiatric Consultation. Psychiatric consultation will be arranged with local military or civilian psychiatrists as needed. Program participants may be referred for a medication consultation and/or behavioral assessment. Individuals will be placed on medication only with their informed consent. They will be monitored for side effects and behavioral changes by brig medical staff and the prescribing psychiatrist.

(14) Progress Reports. Feedback from SOTP staff regarding the prisoner's level of participation and progress in the Sex Offender Program will be available to the prisoner's counselor and unit team for considerations of changes in custody classification, reduction or increase of privileges, and requests for parole and/or clemency. Written progress reports will be provided only with the prisoner's consent and in response to requests from bona-fide agencies/treatment centers/providers and for appropriate purposes; reference (c), 4-4415, refers.

e. SOTP Phase II: Maintenance Group. Upon completion of Phase I, prisoners enter the Maintenance Phase of SOTP until released from confinement. The Maintenance Phase consists of a minimum one-and-one-half hours of structured group therapy monthly. Phase II group members are to remain housed with Phase I group members in order to continue skill development and practice of these skills through continued interactions with Phase I group members. This also allows for Phase II group members to have opportunities for restitution and to assist Phase I group members through their treatment process (i.e., as an Accountability Partner). Exceptions to these guidelines will be considered on a case-by-case basis by the SOTP treatment team in consultation with relevant staff.

f. SOTP Phase III: Release Planning. Approximately 6 months prior to release from the confinement facility, individuals participating in the SOTP will engage in release planning with their group facilitator. This will involve a series of assignments that will be discussed during group and individual sessions. Release planning may occur either during Phase I or during Phase II, depending upon their anticipated release date.

g. Parole Recommendations and Conditions

(1) Parole recommendations will be based primarily on consideration for community safety. They will include a summary of the prisoner's progress in the program.

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(2) Treatment staff will recommend parole conditions that may include participation in a community SOTP that is based on cognitive-behavioral theory and methods and that utilizes the principles of the RNR model. Low risk offenders may not be referred to community SOTPs. Referrals to such programs will be obtained through the sex offender referral network developed and maintained by the ATSA. For those prisoners diagnosed with additional mental and/or personality disorders, parole conditions may include treatment or counseling related to such.

h. Advisory Board

(1) The CO, through the Responsible Health Authority, shall appoint an advisory board comprised of 8-10 civilian and military community members/representatives of various disciplines and perspectives. They will advise on selected issues to include, but not limited to, matters of ethics, law, and principles of practice. The board aids in responsible decision making in implementing the SOTP and a balanced consideration of community, victim, family, and perpetrator needs and concerns; reference (c), 4-4115, refers.

(2) Membership on the board will be voluntary and involve a minimum one-year commitment. The CO, through the Responsible Health Authority, appoints and may curtail or extend the members' appointments.

(3) The Advisory Board will be chaired by the Clinical Services Director and will meet at least quarterly. The SOTP Director shall coordinate and attend the meetings and provide minutes via the Technical Director and Executive Officer. Members should be highly regarded professionals in their field/representation area. The Board will include DoD/non-DoD civilians and military personnel who are employed outside the brig. It should have at least one Navy or Air Force member. Membership shall ideally include:

(a) Community Sex Offender Treatment Provider (such as licensed clinical psychologist, licensed clinical social worker, or licensed Marriage, Family, and Child Counselor);

(b) Chaplain/minister/priest or religious advisor;

(c) Psychiatrist (preferably forensic);

(d) Parole/probation officer (preferably federal);

(e) Victim advocate (provided by a Victim Advocacy Organization);

(f) Criminal justice system representative (i.e., JAG officer or civilian lawyer);

(g) Perpetrator family member representative (i.e., offender therapist/organization);

(h) Family Advocacy Program (FAP) representative; and

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(i) Law enforcement or investigative representative.

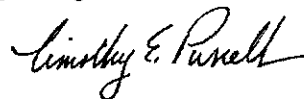
(4) The CO has authority over all volunteers. The Advisory Board provides advice and guidance to the CO and the Responsible Health Authority and is accountable to them. It has no independent authority to direct implementation or cessation of any program. All recommendations go to the CO through the Responsible Health Authority.

i. Program evaluation. The brig's Clinical Services program evaluation psychologist will develop and supervise a process to assess the overall effectiveness of the program and the effectiveness of specific program components.

j. Sex Offender Minor Contact Policy (Clinical Services Recommendation). In accordance with generally accepted practices within the field of sex offender management, individuals convicted of an offense that has a sexual component involving an actual or perceived minor under the age of 18, including possession and distribution of child pornography, may have prohibitions regarding having direct or indirect contact by telephone, mail, and/or visitation with minors (children under the age of 18) without specific authorization of the CO. Direct or indirect contact with family members who are minors under the age of 18 may be considered in circumstances outlined in enclosure (1). See enclosure (1) for details on administering the policy.

k. Enclosure (9) may be used for consent for SOED only. No certificates will be issued to prisoners for completion of SOED Classes.

8. Effective Date. This guidance is effective upon signature.



T. E. PURCELL

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IN REPLY REFER TO

1640  
60  
11 Jan 16

From: Commanding Officer, Naval Consolidated Brig Miramar  
To: Parents and Guardians of Minor Children

Subj: POLICY CONCERNING CONTACT BETWEEN MINORS AND PRISONERS  
CONVICTED OF OFFENSES THAT HAVE A SEXUAL COMPONENT  
INVOLVING A MINOR UNDER THE AGE OF 18

1. This policy was created through direct consultation with expert leaders in the field of sex offender management and it is in accordance with generally accepted practices.

2. This policy is intended to consider the rehabilitative interests of the prisoners, provide broad protection for minors, and to be in the best long-term interest of the family. As the safety and needs of children are a top priority, decisions regarding any type of contact (direct/indirect) are made with the utmost caution.

3. Naval Consolidated Brig Miramar policy directs that individuals convicted of an offense that has a sexual component involving an actual or perceived minor under the age of 18 are restricted from having direct or indirect contact with minors that are not family members of the offender. Direct or indirect contact with family members who are minors under the age of 18, may be considered under the following circumstances:

**a. If the victim of the offense is a family member:**

(1) Any direct and/or indirect contact with a family member who is a minor under the age of 18 will be rare and must be specifically authorized by the Commanding Officer.

(2) Factors that will be considered in these rare exceptions include clear clinical indication as determined by the Sex Offender Treatment Program (SOTP) team, a solid family reunification plan is in place, and an outside therapist for the victim supports the clinical utility of contact.

**b. If the victim of the offense is not a family member:**

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(1) Direct or indirect contact by telephone or mail with a family member who is a minor under the age of 18 is authorized.

(2) Direct or indirect contact by visitation with a family member who is a minor under the age of 18 must be specifically authorized by the Commanding Officer

c. If there is uncertainty as to whether the victim of the offense was a family member, it is the prisoner's responsibility to provide legal documentation to clarify this matter in order to receive authorization for telephone and/or mail contact.

4. Adherence to the elements below will NOT guarantee contact authorization as each case will be considered individually. To authorize contact, consideration will be given to the following elements:

a. Enrollment of the requested family member in the Victim Witness Assistance Program (VWAP). If the requested family member is a VWAP enrolled individual contact will NOT be authorized.

b. The child's guardian MUST be supportive of the request and have knowledge of the prisoner's offense, as indicated in written authorization from the guardian.

c. Completion of the first six months of the SOTP and the Treatment Needs Assessment (a full sex offender evaluation report).

(1) If the prisoner is not enrolled in the SOTP due to a Clinical Services determination that he/she is low risk of re-offending and treatment is not required, the prisoner may request visitation without a full sex offender evaluation.

(2) If there is a full sexual offender evaluation report previously completed, other than the one completed for court, that evaluation may be considered in assessing the best interest of the offender as well as the child. The court evaluation typically only addresses the alleged offenses at the time rather than a complete risk assessment concerned with risk to the minor children.

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d. A written request from the prisoner through the appropriate chain of command specifically addressing the following information:

- (1) Names, ages, and current addresses of the minors
  - (2) Description of the familial relationship between the minor and the prisoner
  - (3) Name of the minor's guardian
  - (4) Description of the prisoner's relationship with the guardian
  - (5) Description of the type of contact requested (i.e., phone, letters, visitation or combination of the three)
  - (6) Any other relevant information (e.g., prior risk assessment)
  - (7) The request must be routed to the Commanding Officer via the VWAP Coordinator, Clinical Services Director, Technical Director, and Executive Officer.
5. All presented information will be considered in determining whether to authorize contact, and if authorized, the type of contact authorized. Contact may include phone calls, letters, or visitation; may include more than one type of contact; and may include changes in the type of contact over time.
6. If contact is authorized, the authorization applies only during confinement at NAVCONBRIG Miramar. Prisoners released on Parole or Mandatory Supervised Release must follow the conditions of supervision, which may prohibit contact.
7. If you have questions regarding the information provided in this letter, please contact the Clinical Services Director at (858) 577-7007.



J. M. YAKUBISIN

**SUBJECT TO THE PRIVACY ACT OF 1974**

**CONSENT FOR SEXUAL OFFENDER TREATMENT**

**NAVCONBRIG MIRAMAR**

1. I am seeking treatment for my inappropriate sexual behavior. The goals of treatment are:
  - a. To better understand my sexual behaviors and how my choices impact myself and others.
  - b. To identify the thinking and behavioral patterns of my inappropriate sexual behavior, as well as other factors that contributed to my choice to offend.
  - c. To better understand my individual risk factors and treatment needs.
  - d. To develop tools and make behavioral changes to decrease my risk of returning to harmful sexual behaviors.
2. The treatment program that I am consenting to includes:
  - a. Risk and Treatment Needs Assessment. Prior to entering the Sex Offender Treatment Program (SOTP) and throughout the course of treatment, I will work with Clinical staff to better identify past, current, and potential future risk factors related to sexual offending. This will involve engaging in a series of assessments and clinical interviews. I will also work on improving my own ability to identify my relevant risk factors and life goals. If I am initially assigned to a specific core SOTP treatment track and it is later determined that another SOTP treatment track better fits with my risks and treatment needs, I am aware that I may be re-assigned to the track that is a better fit. I am aware that, in addition to the SOTP track, I may be assigned additional modules or treatment groups to help me with my specific risk factors and treatment needs.
  - b. Cognitive Restructuring (Thinking Errors). My beliefs and attitudes regarding my behavior will be discussed with the staff and other group members. The validity or "correctness" of my beliefs about my inappropriate and/or deviant sexual behavior will be discussed and challenged by others in the program, which are likely to have opinions different than my own.
  - c. Accountability and Impact Training. I will be asked to consider how I make my choices and take accountability for my actions. I may be asked to read material and view videos focused on the impact of my offense(s) on my victim(s) and focused on the offense from the victim's perspective. I will also be asked to consider the impact my offense(s) has had on my own life and the lives of others. In doing so, I may complete written assignments or participate in group role-plays to develop empathy for my victim(s) and/or important people in my life. Discussion of the offense from the victim's perspective may trigger memories of my own childhood history of abuse or trigger feelings related to my abusive past. Because the intent of this module is to develop empathy (the ability to share in another's feelings, emotions, and thoughts), I am likely to become aware of my own emotions and feelings.

Enclosure (2)



d. The following two treatment methods are designed to reduce or stop my urges, thoughts, and fantasies to carry out deviant sexual behavior. The purpose of these two methods is to learn to pair my deviant sexual urges, thoughts, and ideas with negative, unpleasant, or repulsive situations or sensations. This should lessen or reduce the positive feelings, sensations, or situations that I associated with my deviant sexual behavior in the past. These treatment methods are likely to cause anxiety, discomfort, emotional upset, and depression as I lose my interest in deviant sexual behavior. If inappropriate sexual behavior constitutes the major part of my total sexual interest, it is possible I could develop a lack of sexual desire or impotence, unless I substitute other appropriate sexual interests. If I already have appropriate sexual interests, such treatment methods may temporarily reduce my interest in sexual activities in general.

(1) Covert Sensitization. I may learn and practice pairing images of very negative social consequences with thoughts and ideas that preceded my urges for deviant sexual behavior. I will tape record these sessions in private and bring the tapes to my treatment sessions for review by the staff so I can learn better methods of doing the treatment.

(2) Aversion Techniques. I may learn and practice how to pair painful, repulsive tastes or odors (which may include ammonia) with thoughts, ideas, and fantasies involving my deviant sexual behavior. I will tape record these sessions and bring the tapes to my treatment sessions for review by the therapist. Since ammonia is an irritant, it is likely I will experience nasal pain and possibly occasional nasal bleeding during the course of this treatment. In addition, I may develop headaches, coughing, cold symptoms, and tearing during and following use of the ammonia capsules. Alternatives to ammonia may be provided as needed.

e. Relationship Skills Training. I will observe, practice, and receive feedback about my thoughts, feelings, and attitudes toward others so I can develop healthy and appropriate relationships with other adults. I will learn more about my attachment styles with others and ways of meeting my relationship needs in healthy ways.

f. Sexuality. The staff will provide accurate information and opportunities for discussion of topics related to sexuality such as sexual functioning, sexual intimacy and closeness, and the development of sexual attitudes and values.

g. Life Goals and Risk Reduction Skills Training. The staff will provide information about specific methods of reducing future inappropriate/deviant sexual behavior. I will identify and discuss the thoughts, feelings, behaviors, and attitudes that led to my deviant sexual behaviors and develop methods to effectively manage those thoughts, feelings, etc. In doing so, I will work with my treatment providers to continually address and reduce risk factors they identify and make efforts to better assist in this identification process. I will work to improve my ability to obtain desired life goals in healthy/non-harmful ways. To prepare for my release from confinement, I will develop a complete resource folder containing targeted needs, tools, and plans to reduce risk of reoffending and improve my ability to get my needs met in healthy ways. I will discuss the contents of the folder with staff and other group members. I will continue to modify my resource folder as I receive feedback from others and become more aware of the thoughts, feelings, and behaviors that led to my deviant sexual behavior.

h. Additional groups or modules. While attending the core SOTP group, I may be assigned to additional groups or modules to better assist me in addressing my individual needs related to sexual offense risk factors. These may include, but are not limited to, treatment to assist in emotional regulation, substance abuse, distress tolerance, arousal modification, and understanding the nuances related to internet use in sexual offenses.

i. Homework Lab. While attending treatment, a homework lab will be available for me (and may be required) to assist in furthering my ability to gain knowledge and better apply concepts from assignments provided through group or individual sessions.

j. Maintenance Program. After successful completion of the above treatment areas and until release from confinement, I will stay in a maintenance program. As part of this program, I will review previously presented materials and issues, continue to explore my inappropriate/deviant sexual behavior, and improve my release plans through specific assignments. I understand that I may not transfer to the Maintenance Program until I have satisfactorily completed all homework assignments, passed the polygraph exam, and the SOTP team deems me appropriate for maintenance.

3. The cornerstone of treatment for inappropriate/deviant sexual behavior is the open discussion of inappropriate/deviant sexual interests and behaviors and risk factors related to returning to inappropriate/deviant sexual behaviors. Treatment also involves receiving feedback from staff and other group members, much of which will challenge the attitudes, behaviors, and thought patterns that contributed to my inappropriate/deviant behavior. It is extremely likely that such an open discussion will make me nervous, anxious, uncomfortable, and emotionally distressed during and following such discussions. Usually such feelings will lessen as I continue to participate in the program. However, should the feelings of anxiety, nervousness, depression, or emotional distress increase rapidly and suddenly or continue for a long time during the course of this treatment, I agree to inform a staff member (treatment staff, counselor, case manager, or LPO).

4. Each of the above treatment components will involve my revealing information about my inappropriate/deviant sexual behavior to my therapist, other participants in the treatment program, and selected correctional staff members. I am aware that California State Law requires that when treatment participants reveal to others that they have victimized specific individuals or at high risk to victimize specific individuals, this must be reported to appropriate protection agencies. This means that during the course of my treatment if I reveal a minor-aged individual who has been victimized, who I may victimize, or who I have viewed be victimized through child sexual abuse media, this will be reported and I may be investigated by appropriate protection agencies and/or the police. The result of such an investigation could lead to my being charged with a commission of a sex crime under the UCMJ or California State Law.

5. Psychiatric Consultation. At any time during my participation in the treatment program, I may be referred to a psychiatrist for consultation regarding medical or behavioral problems or to be assessed for the appropriateness of medication.

Enclosure (2)

6. The benefit from this treatment is that, after its completion, I am expected to gain much better control over areas that increase my risk to commit inappropriate/ deviant sexual behavior in the future. I will also be expected to gain greater awareness of how to meet my life goals in healthy ways. I am aware the staff may require me to repeat my participation in a treatment area until I have demonstrated my understanding and ability to apply the ideas presented.

7. Although participation and progress in the Sex Offender Treatment Program is considered during review of my case by the Parole and Clemency Review Board, my participation is no guarantee parole and clemency requests will be favorably endorsed.

8. The behavior treatments are designed to help treatment staff openly observe the results of my treatment and listen to my audio taped sessions. The staff will make every effort to protect the privacy of these tape recorded treatments which will be erased after review by the treatment staff, but I, myself, must make every effort to protect the privacy of these tapes.

9. I may elect to refuse to consent to the treatment offered at NAVCONBRIG Miramar or I may withdraw my consent at any time during the treatment program. If I agreed to participate in the Sex Offender Treatment Program as part of any pre-trial agreement and subsequently refuse to do so, I understand my refusal may affect the terms of that agreement. In addition, incentives will be limited to Level I.

10. My signature below indicates any questions I have had regarding this treatment have been answered to my satisfaction. My signature indicates I have read and understood all of the above and agree to participate in treatment.

Signature:	RCN	Date
Printed Name:		
Staff Signature	Staff Printed Name / stamp	Date

**SUBJECT TO THE PRIVACY ACT OF 1974**

**PROGRAM AGREEMENT**

Between: NAVCONBRIG Miramar Sex Offender Treatment Program

and

Name: \_\_\_\_\_ RCN#: \_\_\_\_\_

I hereby enter into this program agreement with the NAVCONBRIG Miramar's Sex Offender Treatment Program (SOTP) to allow their staff to provide me with a specialized treatment program for my sexually deviant/abusive behavior. I have read, understand, and acknowledge that I am required to follow all of the conditions listed below regarding my program participation and behavior. These conditions have been explained to me in an understandable manner and I have been allowed to ask questions to clarify any parts of this agreement. I understand that the goal of my participation in treatment is to learn to control my sexually deviant behavior and manage my sexually deviant impulses so as to reduce the probability of committing another sexual offense. Central to achieving this goal, I will be expected to learn about and take active steps to reduce my sexual recidivism risk factors.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Prisoner)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
(SOTP Staff Member, printed name & Signature)

**GENERAL PROGRAM CONDITIONS:**

1. I have read and signed the Statement of Informed Consent for participation in the treatment program that includes acknowledgment of non-confidentiality and waiver of confidentiality throughout my involvement in the program. I understand the purpose of the waiver and its specific contents.
2. I agree to sign any other releases of information required by SOTP staff such as releases for contact with previous treatment providers or assessors.
3. I understand that a report regarding my involvement in programs will be provided to the Clemency and Parole Review Board or any other legitimate agency responsible for community safety, such as the United States Probation Department. These reports will include information about my attendance and participation in the program; an assessment of the nature, extent, and seriousness of my sexual offense behaviors; my relevant risk factors for sexual offense recidivism; my progress in programs; my ability to safely handle responsibilities in the community; and/or other information about my sexual assault problem. I understand that the SOTP staff will render a professional opinion in these reports about my risk for re-offending and/or potential danger to community safety.

Enclosure (3)

4. I will make every effort to structure my time while in confinement so that free time will be used productively towards the attainment of my treatment goals.
5. I will notify SOTP staff as soon as possible about any legal matters I have pending that impact or could potentially impact my participation in the program or in which information about my participation or progress may be requested.
6. If, in the opinion of SOTP staff, I am in need of a psychiatric consultation or additional psychological evaluation, I will cooperate with the evaluation. If I am found to have a psychiatric condition in addition to my sexual offense behavior, I will consult with a psychiatrist regarding the potential benefits and consequences of receiving psychiatric treatment.
7. If in the opinion of the SOTP staff, I am found to be able to safely and responsibly handle release to the community, I will cooperate with any and all conditions contained in the SOTP report to the Clemency and Parole Review Board and any subsequent conditions or recommendations provided to me by the program. I give my permission to the program to use my name to make or assist me in making arrangements for specialized sex offender treatment, group-home living, or any other appropriate community arrangement.

#### HOMEWORK AND ASSIGNMENTS

1. I understand that homework assignments are required and very important to the success of my treatment and that homework is to be turned in and presented on the assigned date. I understand that failure to complete two or more assignments within the allotted time period may be interpreted as a lack of interest/motivation in my therapy and could lead to termination or suspension from the program, being placed on probationary status, and/or not receiving Earned Time Credit for the month.
2. I understand that I will be required to keep a daily journal of events and specific thoughts and feelings in response to those events including deviant sexual fantasies or other specific thoughts that are related to my sexually abusive behavior. I will not use names of staff or prisoners in my writing. I understand that during cell shakedowns, the homework folders may be searched by staff for contraband.
3. I understand that I will periodically participate in a case conference with SOTP staff members to develop and review treatment goals and discuss my progress in the program.
4. I understand that I am required to introduce myself to any new group member or staff member. Introductions may include a formal introduction process in which all group members:
  - a. Identify the type of offense they committed.
  - b. Give a brief statement regarding their history of sexually deviant/abusive behavior, current convictions, and sentence.
  - c. Name the first names of their victims and the nature of these offenses.

- d. State the length of time they have been involved in the treatment program.
5. I will complete an "autobiography" during the first three months of the treatment program according to an outline that will be provided.

#### ATTENDANCE

1. I will attend all program sessions required by the staff and will attend "on time". I understand that "on time" means not being late at all, even a few minutes. The only exception to this condition concerns situations within the facility that are beyond my control or physical illness/injury confirmed by the medical staff.
2. I will notify the appropriate staff member as soon as possible about any situation that affects my attendance or promptness.
3. I understand that failure to inform the SOTP staff that I will miss a session is considered a "no show". A pattern of "no shows" or tardiness may result in my termination or suspension from the program or being placed on probation.

#### GROUP SESSION BEHAVIOR

1. I will actively participate in group sessions to the satisfaction of staff and other group members. I understand that participation includes talking about me and my deviant behavior, confronting and giving feedback to others, bringing up important individual and group issues, and engaging in general group discussion.
2. I will use only the first names of my victims or anyone related to my victims during any group discussion due to my understanding that victims are entitled to confidentiality. I also understand that this rule is not applicable to victims who are my natural children or my spouse.
3. I understand that I am expected to conduct myself as a responsible adult. I will not become verbally threatening or physically assaultive towards any staff member or other participant in the program whether inside or outside of a therapy or treatment session.
4. I will be respectful of group member's disclosures and not laugh at, make light of, or joke about another member's sexual behavior, nor purposely humiliate another group member inside or outside of a group session.
5. Prior to completing SOTP, I will present to the group a detailed release plan which will include materials that I have gathered in my resource folder. I will realistically discuss my personal strengths and weaknesses related to my ability to handle the responsibilities of living in the community.
6. I agree to disclose any and all disciplinary actions I receive during my confinement at the NAVCONBRIG Miramar and understand that this includes Discipline and Adjustment (D&A) Board actions.

Enclosure (3)

7. I agree to be completely honest during all sessions and assume responsibility for my offenses and my behavior. I understand that being honest includes not giving false information as well as not leaving out important information.

#### GENERAL BEHAVIORAL CONDITIONS

1. I will have absolutely no contact (incoming or outgoing) with any victims of my sexually abusive behavior unless approved by SOTP staff, the victim's therapist/treatment provider and guardian, and the Victim Witness Coordinator, if the victim is underage. I will also not directly or indirectly encourage anyone else to have such contact with any of my victims on my behalf. This includes visitation, telephone and/or incoming or outgoing mail contact. I will provide SOTP staff copies of any legal restraining orders issued prior to my court martial and, furthermore, agree to inform staff of any unofficial recommendations for "no contact" with my victims/or children. If my victim is an adult and is not on the Victim Witness list, I will discuss with the SOTP staff my intentions to have contact with the victim prior to making contact.
2. If I have committed a sex offense involving minors, I agree to have no contact with any children under age 18 during the time period of program participation unless recommended by SOTP staff and approved by the Commanding Officer.
3. I will make every effort not to manipulate people to avoid dealing with my problems or to avoid taking responsibility for my actions. I will directly address any program issues with SOTP staff members. In addition, I will directly address conflicts (related to the treatment program) with other group members during group sessions.
4. I will report any thoughts of hurting myself or others immediately to the SOTP staff or unit staff.
5. I will not have in my possession or view any pornographic material (including "brig porn") at any time. I also understand that SOTP staff may recommend that I dispose of or restrict my viewing of any other material that they deem to be sexually abusive or destructive to my therapy.
6. I understand that if SOTP staff determines that I have an alcohol/drug problem or an anger management problem, I will be required to be screened for participation in specialized programs that address these problem areas. Further, I understand that if SOTP staff determines that I am in need of additional services for emotional regulation, distress tolerance, or internet usage, I will be required to be screened for participation in specialized programs or modules that address these problem areas. I understand that these requirements would then be added as special conditions in this agreement.
7. I will not engage in any sexual activity with any person while I am confined nor will I engage in sexually or non-sexually exploitive relationships with other prisoners or other parties.
8. I will notify my partner, spouse, girlfriend, boyfriend, or significant other person, within a time period agreed upon by SOTP staff and under the guidance of the treatment staff, of the following:

Enclosure (3)

- a. that I committed a sex offense,
- b. the nature and history of my sex offenses, and
- c. plans and safeguards to avoid future re-offending.

I will strongly encourage my partner, spouse or significant other to seek specialized community treatment during my confinement and will provide whatever assistance I can to facilitate that process.

9. I will identify members of my support network (e.g., parent, sibling, boss, minister, or sponsor) and notify those individuals of the above information within a time period agreed upon by SOTP staff and under the guidance of the treatment staff.

10. If I have been convicted of a sex offense against minors, I will have no physical contact, communication with, nor loiter around children during visitor's call (or in the courtyard), nor participate in any volunteer or work activities involving children without prior approval from SOTP staff.

#### VIOLATIONS OF THIS AGREEMENT

1. I understand that violations that are determined to be of a minor nature may result in my writing a plan of correction or completing other assignments that my group or SOTP staff recommends.

2. I understand that any violations that are determined to be of a serious nature may be grounds for placement on probation, suspension, or termination from the program. The following conditions may result in placement in probationary status and loss of earned time:

- a. The second time a homework assignment is not completed on time;
- b. One unexcused absence from group;
- c. Discussing issues about the group and other group members outside the group with non-group members or where other prisoners could overhear the conversation;
- d. Inappropriate behavior in group;
- e. Lack of participation and/or progress in group treatment;
- f. Other incidents deemed by the staff to warrant a probationary status (e.g., falling asleep in group, failure to follow staff recommendations, consistent tardiness, etc.); and
- g. Failure of polygraph examination.



3. I am responsible for informing the group of my probationary status and agree to ask the group for feedback regarding my participation and progress in the group.
4. I am aware that at the conclusion of my probationary period, the group will, again, give me feedback regarding my participation and progress. The treatment staff may remove my probationary status, extend it for another month or quarter, or suspend or terminate me from the program.
5. I understand if terminated from the program I can reapply no sooner than one month by putting in a request chit. The treatment team will review my request and, if deemed appropriate, I will be reassessed for participation in the program and have a case conference to review and identify goals. If deemed inappropriate for participation in the program, I will be provided with other therapy options and given an opportunity to reapply at a later date.
6. I understand I will be expected to pass polygraph examinations regarding my sexual history and my recent/current sexual thoughts and behaviors.
7. I understand being suspended, or being terminated from the program will be reported to my Unit Team and the Clemency and Parole Review Board, and reduce my incentive level to level 1.
8. I agree the staff may terminate my participation in the program for other problems not outlined in this agreement and those new conditions, rules, or requirements may be added to this agreement by SOTP staff at any time based on their clinical judgment.
9. I understand I am expected to participate in the program in the agreed upon manner and that efforts on my part to undermine my own treatment or interfere in the treatment process of other members may be cause for termination from the program.

Special Conditions:

\_\_\_\_\_  
Prisoner Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBJECT TO THE PRIVACY ACT OF 1974**

**CONSENT FOR PSYCHOLOGICAL / SEXUAL INTEREST EVALUATION**

**NAVCONBRIG MIRAMAR**

1. I understand that I am being asked to give my permission for an evaluation of my sexual interests and behaviors and relevant risk factors for sexual offense recidivism. The evaluation will include:
  - a. Interviews to obtain a complete personal and family history.
  - b. Paper and pencil tests and/or computerized tests which will evaluate such areas as sexual interest and knowledge, personal history, social skills, assertive skills, thinking patterns, and emotional states.
2. INTERVIEW/COMPUTERIZED TESTS/PAPER-AND-PENCIL TESTS. The interviews, computerized tests, and paper and pencil tests will ask personal details about my life and behavior. Revealing such personal information may produce temporary feelings of anxiety, nervousness, depression and/or emotional discomfort/upset. Should these feelings continue, the staff will counsel me to help me deal with this discomfort.
3. NO GUARANTEED CONFIDENTIALITY. I am aware there is no guarantee of confidentiality of the information I provide the staff. Mandatory state or federal reporting laws may require the staff to report my disclosure to the appropriate authorities. For example, the state of California requires that when clients reveal to a therapist that they have victimized specific individuals or viewed the victimization of others through child sexual abuse media, this must be reported to appropriate protection agencies. As a result of such reporting, I may be investigated and charged with the commission of a sex crime under state laws or the UCMJ.
4. I understand the intent of the evaluation is to provide information that will be utilized to determine my individual treatment needs and relevant sexual offense recidivism risk factors.
5. I understand information may be gathered through the evaluation and treatment process will be incorporated into a database and used for the purposes of program evaluation. Neither my name nor any other identifying information will be associated with the data.
6. I understand that information regarding my risk and treatment needs may be communicated to the Clemency and Parole Review Board or any other legitimate agency responsible for community safety, which may include the United States Probation Department.
7. I understand if I develop any anxiety, nervousness, depression and/or emotional upset as a result of this evaluation process, I should inform my unit manager, counselor, Leading Petty Officer (LPO), and/or treatment staff.

Enclosure (4)

8. I understand I may refuse to give my consent or I may withdraw my consent at any time during this evaluation process.

9. My signature below indicates any questions I have regarding my evaluation have been answered to my satisfaction. My signature also indicates I have read and understood all the above and agree to my evaluation.

10. I, (print name) \_\_\_\_\_ am about to participate in an evaluation of my sexual interests and risk of recidivism conducted by the Sexual Offender Treatment Program at NAVCONBRIG Miramar. I have read and understand the risks and benefits of such an evaluation as explained in this consent form.

Signature:	RCN	Date
Staff Signature	Staff printed name/stamp	Date

**STATEMENT OF INFORMED CONSENT FOR**  
**PSYCHOPHYSIOLOGICAL EVALUATION**

1. **Introduction.** I am interested in participating in the Sex Offender Treatment Program at the Naval Consolidated Brig Miramar. As part of the evaluation process, I understand I will be asked to participate in a procedure that will measure how much sexual arousal I show when I look at sexually explicit pictures (pictures of nude, clothed and semi-clothed male and female adults, as well as clothed and semi-clothed minors) and/or listen to audiotapes of specific sexual situations. The purpose of this evaluation is to find out what my sexual interests are in order to help me manage the inappropriate/deviant sexual behavior that resulted in my confinement. I recognize that procedures like the one in which I will participate, have been around for 28 years and are a standard part of a treatment program. If I participate in this evaluation, I can expect to be involved for 2-4 hours per assessment. I may take such assessments periodically throughout the program, commonly one post-treatment.
2. **Sexual Arousal Measurement.** The evaluation (called a penile plethysmography) consists of measuring the erection of my penis with an electronic device while looking at sexually explicit slides/videos and/or listening to audiotapes. I will place the device around my penis in complete privacy and will remain in complete privacy until the assessment is completed. Communication with the technician will occur through headphones. The device around my penis is connected to another piece of equipment that can detect changes in the size of my penis when I get sexually excited. This is not a sexual lie detector and the staff cannot make me get a penile erection. Only I can produce a penile erection, so any information obtained from me by this method is being given voluntarily by me. This measurement system is safe for use with humans and I will NOT receive an electrical shock by using it.
3. **Benefits.** The major gain I can expect from this evaluation is a better understanding of my sexual behavior and a better understanding of me as a sexual person. The evaluation is intended to indicate areas in which I need help for my sexual behavior so that a specific treatment plan can be developed.
4. **Risks.** Potential risks and discomforts to me if I participate in this evaluation include:
  - a. Information I get about my sexual arousal pattern may be undesirable or upsetting to me. My sexual responses may be different from those I would like to have or different from those other people think I should have. I recognize and accept that to this extent my right to privacy and my right to conceal the nature of my sexual interests will be invaded.

b. I may feel anxious, ashamed, depressed, guilty, or uncomfortable as a result of participating in this evaluation. I am also aware that I may at any time, seek help from the treatment staff for any discomfort that I may have as a result of the procedures.

5. **Sexual Stimulus Materials.** I understand that my sexual response will be measured while I look at sexually explicit pictures of nude, clothed and semi-clothed male and female adults, as well as clothed and semi-clothed minors and/or of all ages or listen to audiotapes of specific descriptions of sexual situations. I affirm that I have seen, heard, read about, or thought about sexually explicit things or situations and I agree to being exposed to these materials.

6. I believe that I have been fully informed about this evaluation in a language that I understand. I have asked any questions that I have about this evaluation and its possible influence on me, and these questions have been answered to my satisfaction by the professional staff.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
RNC

I have witnessed the reading and explanation of the above statement to the participant. I verify that he was given ample opportunity to ask any questions about the evaluation and that these questions seemed to have been answered to his satisfaction. I witness his signature indicating that he fully understands and accepts the terms of this agreement.

\_\_\_\_\_  
Staff Signature and Stamp

\_\_\_\_\_  
Date

## **SUBJECT TO THE PRIVACY ACT OF 1974**

### **STANDARDS FOR POLYGRAPH**

1. Examiners shall use a four or five channel polygraph instrument that will simultaneously record the physiological phenomena of respiration, galvanic skin response, and the cardiovascular system (computerized polygraph system or a 1980's to present model is recommended).
2. The duration of each examination shall be a minimum of 90 minutes. Time begins when the examinee enters the examination room with the examiner and ends when the examinee departs after the conclusion of the examinations.
3. Examiners shall use a recognized Control Question Technique (CQT).
4. Examiners shall adhere to the established ethics, standards and practices of the American Polygraph Association (APA).
5. Examiners shall use the following specific procedures during the administration of each examination:
  - a. The examinee shall sign a standard consent form prior to the examination.
  - b. The examiner shall elicit relevant biographical and medical history information from the examinee prior to administering the actual examination.
  - c. The testing process shall be completely explained to the examinee, including an explanation of the instrumentation used and causes of general nervous tension.
  - d. The examiner shall conduct a thorough pre-test phase including a detailed discussion of each relevant issue. There shall be an open dialogue with the examinee to confirm his/her version of the issues.
  - e. The examiner shall review and explain all test questions to the examinee. Examinees must demonstrate that they comprehend the meaning of each question.
  - f. All test questions must be formulated to allow only Yes or No answers.
  - g. Test results shall be reviewed with the examinee.
6. Examiners shall use an effective quality control process that allows for periodic independent review of all documentation, charts, and reports.

7. Examiners shall issue a written report that must include factual, impartial, and objective accounts of the pertinent information developed during the examination, including statement made by the subject, which are not misleading, biased, or falsified in any way. The examiner's professional conclusion shall be based on the analysis of the polygraph chart readings and the information obtained during the examination process.

**SUBJECT TO THE PRIVACY ACT OF 1974**

**QUALIFICATIONS OF POLYGRAPH EXAMINERS**

1. The examiner shall have graduated from an accredited American Polygraph Association school and shall have a Baccalaureate Degree from a four-year college/university or comparable work/training experience.
2. The examiner shall have conducted a minimum of 150 criminal specific-issue examinations; a minimum of 50 of these shall have been conducted with suspected or convicted sex offenders.
3. The examiner shall provide verification of 40 hours of education or training in the areas of sexual abuse of children and adults; dynamics, motivations, and behaviors of sexual offenders; and an overview of assessment and treatment modalities for sex offenders. The examiner shall complete 20 hours of continuing education every year in order to maintain proficiency in the field of polygraph testing and to remain current on developments in the assessment, treatment, and monitoring of sexual offenders.
4. The examiner shall maintain membership in the American Polygraph Association or the American Association of Police Polygraphists.
5. The examiner shall not be a member of the brig staff nor affiliated with the brig.



**SUBJECT TO THE PRIVACY ACT OF 1974**

**RELEASE AND CONSENT TO POLYGRAPH EXAMINATION**  
**IN ORDER TO ASSIST TREATMENT**

I, \_\_\_\_\_, understand that by signing this document I agree to participate in polygraph examinations to assist the treatment of my sexually aggressive and/or abusive behaviors.

I understand that the polygraph examinations will help treatment staff to focus on my specific treatment issues and will help staff provide me more thorough and complete treatment. No one has promised me any reward for taking the examination other than the benefits to my treatment. No one has threatened me in order to obtain my consent to the polygraph examinations. I understand that I may withdraw my consent at any time during the polygraph examinations.

I understand that a qualified polygraph examiner will conduct an in depth interview and ask me questions that the polygraph will record. The examiner will interpret the data to form an opinion about the truthfulness of my answers.

I understand that treatment staff, who reviews the results of my polygraph examinations, is required by law to report any child abuse victims, including victims of child sexual abuse media.

My signature below indicates that I have read this form, or it has been read to me, and that all my questions about the polygraph examination have been answered to my satisfaction.

Signature:	RCN	Date
Staff Signature	Staff Signature / Stamp	Date

**SUBJECT TO THE PRIVACY ACT OF 1974**

**CLASSROOM EXPECTATIONS AND CONSENT  
FOR  
SEX OFFENSE EDUCATION CLASS**

Following are the behavioral expectations for completion of this course:

- Attentive/Appropriate Posture
- Respect towards Staff and Classmates
  - No cross-talk
  - One person speaks at a time
  - No sarcastic or demeaning remarks
- Be On Time
- Active Participation in Classes
- Dress and Appearance within Standards

Additionally, it is important for you to be aware of the following facts:

- This is a mandated course for any prisoner convicted of an offense for which NCBM clinical providers have determined there is a rehabilitative benefit to participation. This includes any offense for which there is a sexual component.
- Sexual offense is a general term incorporating many different crimes. The program has been developed to provide education to the diverse prison population.
- Personal disclosure regarding your confinement offense is not expected as part of the classroom discussion. However, you will be expected to answer questions related to general discussion topics and to participate in class assignments and exercises.

**Benefits:** In addition to being in compliance with your program plan, other benefits of the class include identifying and appreciating factors that relate to sexual offending and the potential harm to victims.

**Risks:** Topics are of a sexual nature and the discussion of them may cause discomfort. Clinical staff is available to help you to process any issues if necessary.

I have read and understand the expectations for participation in the Sex Offense Education Class. I understand that if I choose to disregard these expectations and guidelines, I will be dismissed from the class. I further understand that dismissal from the mandated class, like any other non-compliance with my approved treatment plan, may impact my incentive level and will be considered in any parole and clemency review.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Staff Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBJECT TO THE PRIVACY ACT OF 1974**

**QUALIFICATIONS OF SEX OFFENDER EDUCATION INSTRUCTORS**

1. Sex Offender Education Instructors are required to be proficient in the following areas:

a. Understanding of the current NCBM SOTP:

- (1) Structure;
- (2) Goals;
- (3) Entry requirements;
- (4) Phases and tracks;
- (5) Use of polygraph and sexual interest assessments;
- (6) Pros and cons of volunteering to enter the program; and
- (7) Differences between SOTP and SOED.

b. Understanding of Consent:

- (1) Differences between legal, sociological, psychological, and developmental perspectives;
- (2) Affirmative consent movement; and
- (3) Conceptualization of the involvement of drugs and alcohol use in consent and in sex offender treatment.

c. Understanding of Victim Impact:

- (1) Common experiences of victims of sexual offenses;
- (2) Additional victimization and trauma for child sexual abuse media victims;
- (3) Why victims may be inconsistent in their behaviors or the statements regarding the offense;
- (4) Why victims don't always say no;
- (5) Why victims may not want offenders to be tried or sentenced; and

- (6) Vicarious victimization.
- d. Knowledge of military-specific issues in sex offender convictions and treatment:
  - (1) Awareness of the similarities and differences between NCBM sex offender population and other sex offender populations; and
  - (2) Up-to-date knowledge of sexual assaults in the military.
- e. Knowledge of research on effectiveness of sex offender treatment:
  - (1) Is treatment effective? How is effectiveness measured?
  - (2) What increases or decreases treatment effectiveness?
- f. Understanding of common sex offender treatment practices:
  - (1) Why offenders with adult and child victims are treated together;
  - (2) Why there is a separate treatment track for non-contact sex offenders;
  - (3) Why low risk sex offenders are no longer eligible for treatment; and
  - (4) How other programs, specifically substance abuse treatment, violent offender treatment, and sexual addiction groups can be helpful, but ultimately are not sufficient to address certain sex offender treatment issues.
- g. Understanding of the Good Lives Model:
  - (1) What it is, how it's applied to sex offender treatment; and
  - (2) Effectiveness of this model on outcome.
- h. Understanding of the Risk-Need-Responsivity (RNR) Model:
  - (1) What it is, how it's applied to sex offender treatment; and
  - (2) Effectiveness of this model on outcome.
- i. Understanding of sex offender specific risk factors:
  - (1) Differences between static and dynamic risk factors; and
  - (2) How risk relates to treatment.
- j. Understanding of sex offender specific protective factors.

k. General understanding of treatment interventions/skills taught in SOTP.

2. If an instructor is not proficient in the above areas, a supervising clinician who does meet the minimum training proficiency requirements must be available to provide guidance to the instructor.

Association for the Treatment of Sexual Abusers

# ATSA

Practice Guidelines  
for the Assessment, Treatment,  
and Management of Male Adult  
Sexual Abusers  
2014

[atsa.com](http://atsa.com)

*macquiden*

# **ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS**

**PRACTICE GUIDELINES  
FOR THE ASSESSMENT,  
TREATMENT, AND MANAGEMENT  
OF MALE ADULT SEXUAL ABUSERS**

**2014**

**(Short title: ATSA Adult Practice Guidelines)**

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